

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598578

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11	1		1			
12		1		1		
13		2		1		
14	1		1			
15		1		1		
16		1		1		
17		3		1		
18		2		1		
19		2		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24	1		1			
25		1		1		
26		1		1		
27		3		1		
28		3		1		
29		3		1		
30	1		1			
31		1		1		
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48						
49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						